17 MANAGED CARE REPORTING

Revision dates: August 15, 2014; February 23, 2015, March 1, 2017, January 1, 2019

Effective date: January 1, 2014

Managed Care Organizations (MCOs) are required to comply with all reporting requirements established by HSD as specified in the State's Medicaid Managed Care Agreement, which details requirements for timely submission, formatting, completeness and accuracy of content. MCOs are provided with State-approved instructions and templates to facilitate timely, complete, and accurate reporting. A complete list of current reports is incorporated in this Manual as17.A: Centennial Care MCO Reports.

GENERAL REQUIREMENTS

HSD, at its discretion, may request information and/or data, identified as *ad hoc* requests. *Ad hoc* requests are issued to the MCOs for various reasons and information is generally requested to address a separate and distinct issue or to provide clarification on issues that fall outside the scope of reporting, i.e., provider information, claims research, nursing facility census, etc.

MCOs are required to implement continuous improvement processes to identify instances and patterns of non-compliance. Identified patterns of non-compliance are addressed internally by MCOs to improve overall performance and compliance.

At its discretion, HSD may, at any time, revise existing report content, and. HSD may seek MCO input on proposed changes. Beginning the dayOnce HSD issues finalized Report Instructions and Templates, MCOs will have at least (14) calendar days, and additional time at HSD's discretion, to implement report content changes depending on the nature of the changes.

MCO REPORTING & INTAKE

HSD's report management process involves the following:

1. Downloading MCO report submissions via Xerox secure File Transfer Protocol (FTP) site;
2. Processing MCO report submissions, resubmissions and other related documents;
3. Acknowledging receipt of reports within forty-five (45) calendar days of receiptof receipt of the report upload date;
4. Performing an initial quality check tocheck to ensure the MCO report is timely, accurate, complete, formatted correctly, submitted on the correct template version and is accompanied by a signed and dated Attestation;
5. Recording all report review information and actions into a MCO Reports Tracking Tool;
6. Assigning MCO reports to Subject Matter Experts (SMEs) who possess the knowledge and experience to conduct a thorough analysis of MCO reports and verify MCO compliance with HSD requirements and performance standards;

7. Tracking and monitoring the MCO report review and data analysis process;
8. Managing HSD Lead Report Reviewer ~~and Contract Manager (CM)~~ timeframes ~~for MCO report finalization~~; and
9. Uploading HSD feedback (Acceptance, Rejection, Final Review Tool etc.) to the FTP site.

REPORT REJECTION

An MCO Report may be rejected, by HSD, due to the following reason(s):

1. D~~Report contains d~~ata inaccuracies;
2. S~~Report did not include a s~~igned Attestation not included;
3. I~~Report was i~~ncomplete (e.g. data missing in fields);
4. F~~Report was not f~~ormatted incorrectly;
5. In~~Report is not on the~~ correct template;
6. I~~Report has i~~ncorrect naming convention; and
7. ~~Report does not include a~~In correct reporting period, MCO name and report run date.

T~~If any of the reasons above apply, t~~he HSD Contract Manager will determine whether a Rejection is warranted, or if a Technical Assistance (TA) Call or other solution is preferred.

MCO REPORT RESUBMISSION

HSD has developed and implemented several processes (Technical Assistance Call, Self-Identified Error Resubmission) ~~that continue improving the MCOs' level of data accuracy and reporting compliance regarding report resubmissions~~ to allow for improvement of the MCOs' data accuracy and reporting compliance.~~.~~

TA Call Process

HSD Contract Managers and SMEs are available to provide technical assistance to MCOs ~~regarding the reporting process~~ in the following areas:

1. R~~HSD's r~~eview of HSD ~~and final~~ feedback of reports;
2. Discuss e~~E~~xtension requests of report submission deadlines; and
3. Press to resolve reporting concerns;~~Resolution of reporting concerns~~

In an effort to maximize and improve MCO reporting and data efficiency levels, HSD may conduct a TA call to address data-related questions and concerns. This ~~process~~ provides an ~~continues to create a window of~~ opportunity for MCOs to gain valuable guidance from HSD Contract Managers and SMEs.

After a TA Call is held, the HSD Contract Manager determines whether the MCO's report is Accepted or Rejected.

Self-Identified Error Resubmission (SIER)

In addition to Section 4.21.1.6 of the Agreement, MCOs must upload a SIER report within the deadline specified by an HSD Contract Manager.

MCOs are required to accurately label each subsequent report submission with the appropriate version number (v2, v3, v4).

HSD Contract Managers approve all MCO Report Rejections and SIERs; manage the TA Call process; and direct the overall resubmission of MCO reports.

~~HSD continues to evaluate its managed care reporting and resubmission processes, to make certain they are effective, align with HSD policies and procedures and subsequently lead to positive MCO reporting outcomes.~~

REPORT REVISIONS

HSD conducts report revisions as necessary through a formal, written process in which MCOs and end users request needed changes to data reporting metrics. This process is intended to streamline managed care reporting and reduce administrative burden by limiting data collection, where possible, to meet federal and state requirements. Changes to HSD's managed care data reporting also support~~s~~ the needs of external agencies and stakeholders.

The report revision process begins with submission of a formal request to HSD. If the request is approved, the Centennial Care Contracts Bureau (CCCB) will organize a revision workgroup with SMEs and report reviewers to make required revisions or modifications.

When the workgroup completes this function, a draft reporting package is submitted to MCOs for comment and testing. Comments may be rejected or accepted, resulting in additional revisions to the reporting package. HSD then issues the final reporting package to MCOs for implementation.

SYSTEM AVAILABILITY REPORTING

MCOs must notify HSD of MCO's and its subcontractor's systems availability and performance. In the event of scheduled unavailability of critical Member and provider Internet and/or telephone-based functions and information, including but not limited to Member eligibility and enrollment systems, MCOs must notify HSD in advance via email at the following address HSD.MCOSystemsAvail@State.nm.us in order to obtain approval by HSD. In the event of an unforeseen and unscheduled inaccessibility of any critical systems, MCOs must notify HSD via email to the above address as soon as possible.

Furthermore, in the event of a problem with system availability that exceeds four (4) hours, MCOs are directed to notify HSD immediately via email at the following address HSD.MCOSystemsAvail@state.nm.us. MCOs are to provide HSD ~~via generic email address,~~ within

five (5) business days, ~~with full written~~ documentation that includes a Corrective Action Plan describing how MCO will prevent the problem from occurring again.

In the event of any critical systems unavailability that has been ~~already~~ approved ~~and agreed upon~~ by HSD but the amount of downtime exceeds what was initially approved by HSD, MCOs must notify HSD immediately via email at the following address HSD.MCOSystemsAvail@state.nm.us.

During Federal and/or State Holidays and weekends, the same processes included above would apply.

For any critical Member or provider system unavailability, MCOs should also immediately contact John Padilla, Medical Assistance Division, at (505) 827-1340 and email him at JohnH.Padilla@state.nm.us. ~~Linda Gonzales, Medical Assistance Division, Systems Bureau Chief, at (505) 629-6278 and email her at linda.gonzales@state.nm.us.~~

For any email notification pertaining to the above direction, MCOs must use the HSD developed template included in this section as 17.B: Systems Availability Incident or Event Report.

1.A: Centennial Care MCO Reports

Report No.	Report Title	Frequency	Report Objective	Comment
1	**Native American Members Report**	Quarterly	To ensure Native American members have access to care and are receiving needed services.	
2	**Call Center Report - Monthly**	Monthly	To capture call center statistics and ensure that callers can access a call center agent in a timely manner.	
3	**Network Adequacy Report**	Quarterly	To monitor the MCO's compliance in maintaining an adequate and efficient provider network, tracking new and terminated providers and single-case agreements (SCAs).	
4	**Self-Directed Report**	Quarterly	To (i) monitor the amount of the annual self-directed community benefit budget used by members, (ii) identify the services that are highly utilized, (iii) identify members that have over-utilized or under-utilized their annual community benefit budget; and (iv) identify members whose cost of care in the community is greater than 80% of the cost of care in a private nursing facility.	
5	**Admissions and Readmissions Report**	Quarterly	To monitor the number of members who are readmitted to a facility such as, an RTC, TFC, hospital, within thirty (30) calendar days of a previous discharge and to track follow-up appointments after discharge. This report ties to performance measure #8: Follow-up after Hospitalization for Mental Illness, from the Centennial Care contract.	
6	**Care Coordination Report**	Quarterly	The Care Coordination report monitors assessments, ongoing care coordination activities, and changes of care coordination levels for all levels of care coordination.	**ON HOLD**
~~**7**~~	~~**Care Transitions Report**~~	~~Quarterly~~	~~To monitor member assessments and transitions from nursing facilities to the community and to track the number of members readmitted to a nursing facility after transitioning to the community.~~	~~**DISCONTINUED**~~

Report No.	Report Title	Frequency	Report Objective	Comment
8	**Level of Care (LOC) Report**	Monthly	To capture data regarding the nursing facility (NF) Level of Care (LOC) determination process including timeframes, activities of daily living, and care settings.	
9	**Agency-Based Community Benefit Report**	Quarterly	To (i) monitor the number of members that changed to agency-based community benefit, (ii) identify the services used by members receiving agency-based community benefit, and (iii) identify members whose cost of care in the community is greater than 80% of the cost of care in a private nursing facility.	
~~**10**~~	~~**Caseload and Staffing Ratio Report**~~	~~Monthly~~	~~To ensure an adequate number of care coordinators are available and that staffing ratios are sufficient to address member needs.~~	~~**DISCONTINUED – LOD #29**~~
~~**11**~~	~~**Unreachable Members Report**~~	~~Monthly~~	~~To capture information regarding efforts to contact members who are difficult to reach.~~	~~**DISCONTINUED – LOD #29C**~~
12	**Provider Satisfaction Survey Report**	Annually	To review the results from the survey, including information regarding overall satisfaction (claims, provider relations, network, utilization and quality management, pharmacy and drug benefits, and continuity of care).	
~~**13**~~	~~**Call Center Report – Daily**~~	~~Daily~~	~~To capture daily call center statistics and ensure that callers can access a call center agent in a timely manner.~~	~~**DISCONTINUED – LOD #29**~~
~~**14**~~	~~**Call Center Report – Weekly**~~	~~Weekly~~	~~To capture weekly call center statistics and ensure that callers can access a call center agent in a timely manner.~~	~~**DISCONTINUED – LOD #29**~~
15	**Audited HEDIS Results**	Annually	To monitor and review audited HEDIS results.	
~~**16**~~	~~**Encounter Processing and Submission Report**~~	~~Monthly~~	~~To track encounters paid in a reporting period and to provide a cross tabulation of service delivery cost by month of service and month of payment for managed care encounters including all professional, institutional, dental and pharmacy encounters.~~	~~**DISCONTINUED – LOD #29**~~

Report No.	Report Title	Frequency	Report Objective	Comment
~~17~~	~~Member Care Coordination Activities Report~~	~~Quarterly~~	-	~~DISCONTINUED – LOD #29C~~
18	**UM Program Description, Associated Work Plan and Evaluation**	Annually	To monitor the MCO's UM Program Evaluation to monitor overall effectiveness, an overview of UM activities, and an assessment of the impact of the UM program on management and administrative activities. The MCO's review and analysis shall be incorporated in the development of its following year's UM Work Plan.	
19	**UM Program Evaluation**	Annually	To evaluate the overall effectiveness of UM including an overview of UM activities and an assessment of the impact of the UM program on management and administrative activities.	LOD #29: Combined with 18
20	**Disease Management Description and Evaluation**	Annually	To monitor and review the MCO's Disease Management program which includes a description of MCO activities regarding chronic conditions identified in the DM program description. DM is a component of care coordination and must include behavioral health as part of the program.	
21	**Disease Management Annual Evaluation**	Annually	To evaluate the MCO's Disease Management program.	LOD #29: – Combined with 20
22	**QM/QI Program Description and Associated Work Plan**	Annually	To monitor and review the MCO's Annual QM/QI Program Description and Associated Work Plan to include goals, objectives, structure, and policies and procedures that address continuous quality improvement for physical and behavioral health.	
23	**QM/QI Program Annual Evaluation**	Annually	To monitor the MCO's QM/QI Program Evaluation for the previous year's activities.	

Report No.	Report Title	Frequency	Report Objective	Comment
~~24~~	~~Report on Performance Improvement Projects~~	~~Annually~~	~~To evaluate the MCO's plans to implement Performance Improvement Projects (PIPs)~~	~~DISCONTINUED – LOD #29B.~~
25	**CAHPS Results Report**	Annually	To review and evaluate the Consumer Assessment of Healthcare Providers and Systems (CAHPS) results report.	
~~26~~	~~Payment Reform~~	~~Quarterly & Semi-Annually~~	~~To review MCO accomplishments, barriers, and challenges encountered within the network, engagement with providers, and evaluation of performance measures (ER visits, hospital readmission rates, asthma medication adherence, well child checks, diabetes, colorectal cancer screening, breast cancer screening, and total cost of care).~~	~~DISCONTINUED~~
27	**Activities of the Member Advisory Boards**	Semi-Annually	To review Member Advisory Board meeting agendas for general MCO membership, Native American representation, behavioral health, and community benefit subgroups.	**LOD #29: Report 27 Combined with 27a and 32; now semi-annual.**
27a	**Subgroup of the Member Advisory Board (BH, Self-Directed, etc.)**	10 days following each meeting		**LOD #29: Combined with 27 and 32.**
~~28~~	~~Privacy/Security Incident Report~~	~~Annually or more frequently as requested~~	~~To monitor all privacy and security incidents that occur. The MCO will provide information pertaining to the date of the incident, date of notification to HSD's privacy officer and the nature and scope of the incident. Additionally, information pertaining to the MCO's response to the incident, mitigating issues taken by MCO to prevent similar incidents.~~	~~DISCONTINUED – LOD #29~~
~~29~~	~~Business Continuity and~~	~~Annually~~	~~To monitor and review the MCO's Business Continuity and Disaster Recovery (BC-DR) Plan for review and written approval as specified by HSD.~~	~~DISCONTINUED – LOD #29~~

Report No.	Report Title	Frequency	Report Objective	Comment
	~~Disaster Recovery (BC-DR) Plan~~			
~~30~~	~~Health Education Plan and Evaluation~~	~~Annually~~	~~To review the MCO's health education plan.~~	~~DISCONTINUED – LOD #29C~~
31	**Health Education Evaluation Report**	Annually	To evaluate the MCO's Health Education Plan, relating to initiatives in the plan and present findings, lessons learned and performance improvement initiatives as a result of the findings.	LOD #29: Combined with 30.
32	**Activities of the Native American Advisory Board Report**	10 days following each meeting	To monitor the activities of the Native American Advisory Board, including a summary of the MCO's approach to inviting Native American advisory members, the meeting agenda, minutes, attendees and scheduling of the next meeting.	**LOD #29: Combined with 27 and 27a.**
~~33~~	~~Member Satisfaction Survey Report~~	~~Annually~~	~~To monitor and review the results of the member satisfaction survey (MHSIP).~~	~~DISCONTINUED – LOD #29~~
~~34~~	~~Cultural Competency / Sensitivity Plan~~	~~Annually~~	~~To review the MCO's cultural competency/sensitivity plan.~~	~~DISCONTINUED – LOD #29~~
35	**Electronic Visit Verification**	~~Monthly~~Quarterly	To review and evaluate the use of Electronic Visit Verification systems of the MCOs.	~~On Hold – LOD #29~~
~~36A~~	~~Critical Incidents Report – Monthly~~	~~Monthly~~	~~To monitor key metrics regarding critical incidents for members of Centennial Care and specific subpopulations.~~	~~DISCONTINUED – LOD #29~~
36	**Critical Incidents Report - Quarterly**	Quarterly	To monitor key metrics regarding critical incident reporting for specific subpopulations and the MCO's actions in response to critical incidents.	**LOD #29: Report Number changed from 36B to 36.**

Report No.	Report Title	Frequency	Report Objective	Comment
37	**Grievances and Appeals Report**	Monthly	To monitor member and provider grievances, appeals and fair hearings and to track MCO adherence to contractual timeframes.	
38	**Provider Training and Outreach Plan and Evaluation Report**	Annually	To monitor and review the MCO's plans for provider training and outreach.	
39	**Provider Training and Outreach Plan Evaluation Report**	Annually	To evaluate specific training topics such as (i) prior authorization process; (ii) Claims/Encounter Data submission; (iii) how to access ancillary providers; (iv) members rights and responsibilities; (v) quality improvement program/quality improvement initiatives; (vi) provider and Member Appeals and Grievances; (vii) recoupment of funds processes and procedures; (viii) Critical Incident management; and (ix) EPSDT benefit requirements, including preventative healthcare guidelines.	LOD #29B: Combined with #38
40	**Over-and-Under Utilization of Services Report**	Quarterly	To monitor the over- and under-utilization of prenatal services, behavioral health services, DME products/services, emergency room services, dental services, and pharmacy services for members.	
41	**Utilization Management Report**	Quarterly	To monitor unduplicated member utilization of behavioral health services, physical health services, and long-term care services, and the amounts paid for these services.	
42	**Prior Authorization Report**	Quarterly	To capture information on services requiring prior authorization and examine changes and trends in authorizations and denials of services over time.	
~~**43**~~	~~**CMS-416**~~	~~Annually~~	~~To monitor compliance with the Medicaid Children's Health Insurance Program (CHIP) and federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.~~	~~**DISCONTINUED – LOD #29**~~

Report No.	Report Title	Frequency	Report Objective	Comment
44	**Pharmacy Report**	Monthly	To monitor pharmacy utilization and cost, including dispensing fees, over- and under- utilization of drugs including controlled substances, utilization of formulary drugs, non-formulary drugs, over the counter, generic, and brand drugs.	
45	**Behavioral Health Members Services/CSA Report**	Quarterly	To monitor the number and types of members served through CSAs and the types of services provided to such members.	ON HOLD- Pending Revision
~~**46**~~	~~**Claims Payment Accuracy Report**~~	~~Quarterly~~	~~To report the findings of the MCO's internal audit of quarterly claim payments and to monitor the accuracy of those claims paid.~~	~~**DISCONTINUED – LOD #29C**~~
47	**Claims Activity Report**	Quarterly	Claims Activity Section – To capture data related to the disposition of claims, timeliness of claims adjudication, payments on clean claims to providers, interest paid, and claim aging. This section of the report captures claims data separately for physical health providers, behavioral health providers, I/T/Us (Indian Health Service, Tribal health providers, and Urban Indian providers), and specialty-pay providers (day activity providers, assisted living providers, nursing facilities, home care agencies, and community benefit providers). Claims Payment Accuracy Section– To report the findings of the managed care organization's (MCO's) internal audit of quarterly claim payments and to monitor the accuracy of those claims paid.	**LOD #29 C: Frequency of submission changed from Monthly to Quarterly**
48	**Patient Centered Medical Homes Report**	Quarterly	To track (i) the number of Patient-Centered Medical Homes established, (ii) the number of members that were referred to and joined a PCMH, (iii) outcomes, including ER utilization and hospital admission and readmission,	**LOD #29: Frequency of submission changed from Semi-Annually to Quarterly**

Report No.	Report Title	Frequency	Report Objective	Comment
			and (iv) PCMH NCQA recognition and other accreditation.	
49	**Provider Network Development, Management Plan and Evaluation**	Annually	To monitor and review the MCO's plans for developing and managing its provider network to ensure all medically necessary services are accessible and available.	
50	**Provider Network Development and Management Evaluation Report**	Annually	To evaluate the Provider Network Development and Management Plan that provides information on a summary of providers, monitoring activities, contract provider issues, network deficiencies and on-going activities for provider development and expansion.	LOD #29:– Combined with 49
51	**Provider Suspensions and Terminations Report**	Semi-Annually	To monitor the suspensions and terminations of providers and the number of members impacted.	**LOD #29: Frequency of report submission changed from Quarterly to Semi-Annually**
~~**52**~~	~~**Care Plan Report**~~	~~Monthly~~	~~To capture information on the number of members in an existing Home and Community-Based Services waiver program transitioning (with existing care plans) in the first year of the program (also known as the Transition Period).~~	~~**DISCONTINUED – LOD #29**~~
53	**PCP Report**	Quarterly	To capture information regarding PCP member ratios, open panels and assignment/change activity for non-dual members.	**LOD #29: Frequency of submission changed from Monthly to Quarterly**
~~**54**~~	~~**Telemedicine Report**~~	~~Quarterly~~	~~To monitor the utilization of telemedicine services.~~	~~**DISCONTINUED – LOD #29C**~~
55	**Geographic Access Report**	Quarterly	To monitor access to services by county and across urban, rural, and frontier counties.	

Report No.	Report Title	Frequency	Report Objective	Comment
56	**Program Integrity Report**	Quarterly	To monitor fraud, waste, and abuse cases, preliminary investigations, suspicious activities, adverse actions, and financial program integrity activities of the managed care organization.	
~~**57**~~	~~**Claims Activity Report - Weekly**~~	~~Weekly~~	~~To capture information on the processing of claims and the timeliness of payments to providers on claims.~~	~~**DISCONTINUED – LOD #29**~~
~~**58**~~	~~**Member Enrollment Materials Report**~~	~~Quarterly~~	~~To monitor the timeliness of mailing member enrollment materials.~~	~~**DISCONTINUED – LOD #29**~~
~~**59**~~	~~**Hiring Report**~~	~~Quarterly~~	~~To monitor staffing levels of the managed care organization including vacancies and number of days positions are vacant.~~	~~**DISCONTINUED – LOD #29**~~
~~**60**~~	~~**Systems Availability and Performance**~~	~~Quarterly~~	~~To capture and monitor any MCO system availability and performance, including scheduled downtime.~~	~~**DISCONTINUED – LOD #29**~~
61	**Medicaid School-Based Health Centers (SBHC)**	Quarterly	To track the quantity and types of services billed by school-based health centers.	**On Hold – LOD #29 (pending revision)**
~~**62**~~	~~**Value Added Services Report**~~	~~Semi-Annually~~	~~To monitor the types and quantities of value added services offered by the MCO~~	~~**DISCONTINUED – LOD #29C**~~
63	**Developmental Disabilities Specialty Dental Report**	Quarterly	To monitor dental visits for members with developmental disabilities.	
64	**Jackson Class Members Report**	Quarterly	To monitor MCO performance in processing requests for and delivering new adaptive equipment and modifications or repairs to adaptive equipment.	

Report No.	Report Title	Frequency	Report Objective	Comment
~~65~~	~~**Member Rewards Report**~~	~~Quarterly~~	~~The details of this report are still pending.~~	~~**DISCONTINUED – LOD #29C**~~
66	**Health Homes Report**	Quarterly	To track (i) the number of Health Homes established; (ii) the number of members referred to and joined a Health Home; (iii) outcomes, including ER utilization and hospital admissions and readmissions.	**On Hold – LOD #29 This report is in development**

1. B: Systems Availability Incident or Event Report

CENTENNIALCARE

Systems Availability Incident or Event Report

MCO Name	
Report Date	

Name of System Affected	Critical or Non Critical	Functionality of Affected System	Description of Event	Extent of Data Impact/Data Loss	Event Start Date and Time	Event End Date and Time	Event Duration	Recovery Action(s)	Corrective Action Plan, If Applicable